

# CHILD

## Assessment Questions

Age 1 year

1. What is your greatest concern about your child?

*Free form answer*

2. Does your child see someone for medical and dental care (one answer)?

*Medical (well/sick)*

*Dental*

*Both*

*Neither*

3. Tell me about any medical or dental issues your child has. Who diagnosed this condition?

*Free form Answer*

4. Tell me if your child consumes any of the following (may choose more than one answer):

*N/A*

*Multivitamins*

*Other supplements*

*Herbs*

*Teas*

*Medications*

*Non-food items*

*Runny eggs*

*Raw or unpasteurized dairy products or juices*

*Undercooked meats or fish*

*Unwashed produce or sprouts*

5. Does your child's caregiver (babysitter, child care provider) smoke indoors (one answer)?

*Yes*

*No*

6. Tell me about how your child is eating:

A. How many meals/snacks?

B. Where does he/she eat (table, in front of screen/TV)?

- C. Is he/she feeding themselves table/finger foods?
- D. How often does your child eat away from home (daycare, fast food, other)?
- E. Does the family eat meals together?

*Free form answer*

7. What does your child drink throughout the day?
- A. What kind and how much milk?
  - B. How many ounces of juice?
  - C. Water? Any other drink daily?
  - D. What does your child drink from (bottle, sippy, cup, straw)?

*Free form answer*

8. Do you have any additional questions?

*Free form answer*

Possible discussion topics:

Weaning from the bottle  
Division of Responsibility  
MyPlate  
Age appropriate foods and serving sizes  
Meal planning, preparation, budgeting  
Non-dairy sources of calcium  
Foods high in iron  
Food safety  
Dental care

Potential referrals:

Medicaid  
SNAP  
Food banks  
Healthcare provider  
RD  
Immunizations  
Childcare provider  
Other local health department services

**Mid –Year Certification Questions**

1. How is your child eating? Any changes or concerns since your last visit?

*Free form answer*

2. What does your child use to eat and drink (i.e. bottles, cups, self-feeding using utensils)?

*Free form answer*

3. Has there been any changes with your child's health (new diagnoses)? Any new medications or supplements?

*Free form answer*

4. How much time does your child spend watching tv/screens?

*Free form answer*

5. What questions do you have for me?

*Free form answer*